

STATE OF MAINE

BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS

APPLICATION FOR LICENSE As A Professional Land Surveyor



Department of Professional and Financial
Regulation

Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8522
TTY/HEARING IMPAIRED: (207) 624-8563 Fax Line: (207) 624-8637
email: kimberly.j.baker-stetson@state.me.us
Office located at: 122 Northern Avenue, Gardiner, Maine 04345

**APPLICATION GUIDE FOR LICENSURE AS A
PROFESSIONAL LAND SURVEYOR**

FURNISHED TO APPLICANT

1. Licensing law for Professional Land surveyors: Title 32, Chapter 121.
2. Licensing rules for Professional Land Surveyors
4. Application for Professional Land Surveyor License
5. Application Guide for Licensure as a Professional Land Surveyor
6. NCEES order form for "Professional Land Surveyors Handbook"
7. Suggested Library for Maine Professional Land Surveyors

EXPECTED FROM APPLICANT

- ☒ Section 13905(2)(A) - LSIT; 2 additional years of progressive combined office and field experience satisfactory to the board; application form, and Verification of Employment Form(s)
- ☒ Section 13905(2)(B) - Licensure by Endorsement--licensed Land Surveyor in another jurisdiction, application form, Verification of Licensure (from current license state).

NOTE: The above are the absolute minimum. The applicant must carefully read both the guide and the application form to determine whether other supplementary information should also be provided.

APPLICATIONS

Applications are legal documents and must be notarized.

Your application must be typewritten or printed in ink. If you need additional space, attach 8 1/2" x 11" sheets. Put your name at the top of the front page of each attachment sheet, and indicate the exact part of the application to which the sheet pertains. Your application must be complete, with every pertinent question fully answered, all necessary attachments submitted, all fees paid and all supplementary documents received by the Board Clerk. Complete applications, which have been received at least 30 working days prior to a regular Board meeting will be reviewed at that meeting.

An application that has been approved by the Board will remain valid for 24 months from the date of its approval. Incomplete applications will be kept by the Board for six months. If you do not supply any missing information within that period, the application will be discarded.

APPLICATION FEE

- ☒ A check or money order in the amount of \$50.00 must accompany your application. These are application fees only; separate fees are charged for examinations.
- ☒ All fees for whatever purpose charged, are non-refundable.
- ☒ All checks and money orders must be made out to the Treasurer, State of Maine.

QUALIFICATIONS

1. If you hold a valid Maine license as a Land Surveyor-in-Training, you must:
 - ☒ Submit a complete application showing evidence of 24 months experience satisfactory to the Board which has been gained since you received your license as Land Surveyor-In-Training;
 - ☒ Pass all required examinations; and
 - ☒ Pay all required fees.
2. If you hold a valid certificate or license as a Land Surveyor-In-Training from another state, territory, or possession of the United States, you must:
 - ☒ Meet the requirements of Paragraph 1 above;
 - ☒ Submit Verification of Licensure from your current license state to this Board; and
 - ☒ Submit evidence of education or experience equivalent to that required by Maine LSIT licensure. Please refer to 32 MRSA, Chapter 121, §13905(1)(A-D).
3. If you are applying for licensure in Maine by endorsement from another state, territory or possession of the United States, you must:

Submit a complete application; Submit Verification of Licensure from your current license state to this Board; and

- ☒ Pass all required examinations; and
- ☒ Pay all required fees.

SURVEYING CURRICULUM

You will find a description of the minimum core curriculum in Chapter 3 of the current Rules, which are enclosed.

EXPERIENCE

A description of experience satisfactory to the Board also appears in Chapter 3 of the current Rules.

Your land surveying experience should become increasingly more complex and encompass all facets of the work, including research, field work of all types, plan development, the writing of deed descriptions and reports, and time spent as a party chief.

Report any part-time work in terms of the actual amount of time spent.

WHEN FILLING OUT THE EXPERIENCE SECTION OF YOUR APPLICATION, PLEASE FOLLOW THESE GUIDELINES:

A. KEY NUMBER

Fill out the Employment Experience Summary first, then the experience detail pages of the application form. The same key number or numbers, dates, employers, etc., should be used in both areas. Each key number should refer to a work period and not to a client engagement. A work period is usually work done for one employer.

B. VERIFICATION OF EXPERIENCE FORM

Fill out a separate Verification of Experience Form for each employer you have listed and send it to that employer for confirmation and transmittal to the Board. Use the same key numbers on these forms.

C. DATES OF EMPLOYMENT

Dates of employment are the total time of each engagement, regardless of the type of work.

D. TIME IN LAND SURVEYING

Time in land surveying is that portion of each Dates of Employment entry that was involved in land survey time as defined in the licensing law.

EXAMINATION

A. EXAMINATION DATES

The examinations are held in April and October. Your application for licensure also serves as a request for examination. No separate form is required. Complete application for April testing must be received at least 30 days prior to the February Board meeting, and for October, complete application for testing must be received at least 30 days before the August Board meeting.

B. EXAMINATION FEES

Your examination fee of \$150.00 must be received by the Board at least 30 days before the examination. After the Board has received your examination fee, the Clerk will send you a package containing information about the next exam time, date and place, an entrance authorization, and a packet including the essay question(s) and detailed instructions.

C. NATURE OF EXAMINATION

Beginning in October 1992 the "Principles and Practices" examination for licensure as a Professional Land Surveyor consists of two separate parts: one of them prepared and scored under the direction of the National Council of Examiners for Engineering and Surveying and one prepared and scored under the direction of the Maine Board. Candidates should be aware that some problems in the "Principles and Practices" examinations may involve use of the metric system.

D. PART I PLS - NCEES National Exam – Principles And Practice

Is a 6-hour multiple-choice, open-book NCEES exam to test your competence in the professional aspects of land surveying. This exam may include problems concerning principles of the profession (legal, technical, standards of professional conduct), property surveys, written instruments, monumentation, real property law, field surveying procedures, property survey descriptions, subdivision planning and design, deed descriptions and conveyance, surveying law, photogrammetry, surveying astronomy, cadastre, remote sensing, cartographic surveying, geodetic surveying, hydrographic surveying, construction surveying, architectural surveying and computations and adjustments. The exam is given in the morning.

E. Part II PLS (Maine Specific Multiple Choice)

This 2-hour exam is given in the afternoon immediately following Part I PLS (I). The exam is a multiple-choice exam and open book.

F. Part II PLS (Maine Specific Essay)

The second section of the Maine Specific Exam is a take-home essay question which will be mailed to you about 30 days prior to the examination (after receipt of your examination fee) and collected on the day of the examination.

G.

G. SCORING

Each candidate must pass separately each of the exam parts - including each section of Maine Specific Exam.

No copies of examinations may be kept by the examined, and none will be furnished for study. Battery-powered, non-printing, silent calculators may be used. Bound books or notebooks may also be used in the "open book" parts of the exam, but loose papers and "study guides," consisting of sample questions and answers are prohibited. If you have previously passed any part(s) of the exam and have submitted satisfactory proof to that effect to this Board, you need take only those parts you have not previously passed.

H. INSTRUCTIONAL MATERIALS

NCEES publishes a "Professional Land Surveyors Candidate Handbook" which contains information about the National part of the exam. An order form accompanies your application forms. **NOTE:** Purchasing of the handbook is not required by this Board. Information about it is provided as a service to applicants.

I. EXAM RESULTS

The date for passing the examination is the date the Board determines the passing grade, not the date the examination was taken. The scores of all exams are verified and approved by the Board at its next regular meeting after the results become available from the testing agency. The Board normally receives test results in time for its February and August meetings, and examinees are notified within 15 working days of the Board review.

J. REQUEST FOR RE-EXAMINATION

A re-examination request form and a re-examination fee in the amount of \$100.00 must be submitted to retake one of the two parts of the examination; if both parts have been failed, the regular examination fee of \$150.00 applies. Any request for re-examination which is received by the Board more than 18 months after the date of approval of the application must be accompanied by a new application and application fee.

SUGGESTED STUDY MATERIALS FOR THE MAINE SPECIFIC EXAM

The following texts and publications have been cited by surveyors as being valuable for preparing for the Maine Section of the PLS examination. They are available from the sources listed. The Maine Board of Licensure for Professional Land Surveyors does not imply that this is an exclusive or exhaustive list. With the exception of the Laws and Rules of the Board, none of the referenced publications are available from the Board.

1001 Solved Surveying Fundamentals Problems, John E. Keen www.acsm.net

Boundary Control and Legal Principles, Curtis M. Brown, Walter G. Robillard and Donald A. Wilson www.amazon.com

Clark on Surveying and Boundaries, Walter G. Robillard www.amazon.com

Code of Ethics of the National Society of Professional Surveyors
National Society of Professional Surveyors - <http://www.acsm.net/nsps/>

Contracts for Surveyors, www.msls.org/thestore.htm

Counties, Cities, Towns, and Plantations of Maine: A Handbook of Incorporations, Dissolutions and Boundary Changes,
Maine State Archives, 84 State House Station, Augusta, ME 04333-0084. - <http://www.state.me.us/sos/arc/publications/>

Definitions of Surveying and Associated Terms, ACSM www.acsm.net

Easements and Reversions, Donald A. Wilson www.acsm.net

Evidence and Procedures for Boundary Location, Walter G. Robillard and Donald A. Wilson www.amazon.com

Guide for the Preparation of Survey Reports, Pennsylvania Society of Land Surveyors, 4303 Derry Street, Harrisburg, PA. -
<http://www.psls.org/info/booklist.htm>

Handbook of Annotated Forms for the Surveying Practice – Available at: <http://search.barnesandnoble.com>

Maine Planning and Land Use Laws (Information Pamphlet), Office of Comprehensive Land Use Planning, 130 State House Station, Augusta, ME 04333-0130. OR Contact Fred Michaud (207) 445-4402 To Order OR CALL LAND USE REGULATORY COMMISSION 287-2633 - <http://www.state.me.us/doc/lurc>

Roads & Easements in Maine, Knud Hermansen www.msls.org/thestore.htm

Sample Contract Forms, American Congress of Surveying and Mapping (ACSM), 5410 Grosvenor Lane, Bethesda, MD 20814. - <http://www.acsm.net>

Surveying - 10th Edition, Francis H. Moffitt and John D. Bossler. www.acsm.net

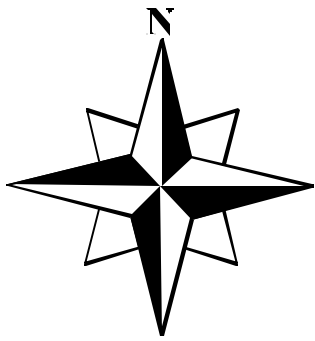
Town Line Retracement in Maine, Knud Hermansen www.msls.org/thestore.htm

Trouble Shooting Boundary Line Problems, John E. Keen. www.acsm.net

Typical Land Surveyor's Exam Questions with Solutions, John E. Keen. www.acsm.net

Water Boundaries, George M. Cole www.amazon.com

Writing Legal Descriptions, Gurdon Wattles (ISBN 0960696288) A FEW COPIES AVAILABLE AT:
<http://www.allbookstores.com/book/0960696288>



STATE OF MAINE
BOARD OF LICENSURE FOR
PROFESSIONAL LAND SURVEYORS
35 STATE HOUSE STATION
AUGUSTA, ME 04333-0035
TELEPHONE (207) 624-8522
FAX (207) 624-8637

DATE RECEIVED

REQUEST FOR EXAMINATION

TYPE OF LICENSING EXAM - CHECK ONE ✓ EXAM ADMINISTRATION DATE - CHECK ONE ✓

- ☐ PROFESSIONAL LAND SURVEYOR
\$150.00 Examination Fee (4280/1447)
- ☐ LAND SURVEYOR IN TRAINING
\$75.00 Examination Fee (4280/1447)
- ☐ April ☐ October
- ☐ April ☐ October

NOTICE: This application is a public record for purposes of the Maine Freedom of Access Law, 1 MRSA §401, et.seq. Public records must be made available to any person upon request. Your application for licensure is a public record and information that you supply as part of the application (other than your social security number) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Your name, license number and the mailing address listed on your application will be available to the public and may be posted on our website.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: () _____ - _____ Work Telephone: () _____ - _____

CHECKS PAYABLE TO TREASURER STATE OF MAINE -OR- YOU MAY USE YOUR CREDIT CARD

****ALL FEES ARE NON-REFUNDABLE****

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:



[] MasterCard



[] Visa

Name on Card: _____

Billing Address of Card: _____

Card number _____ Expiration Date: ____/____/____

In the amount of: \$ _____ SIGNATURE: _____ Date: ____/____/____

(207)624-8522

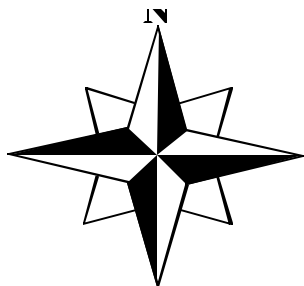
PRINTED ON RECYCLED PAPER
(207) 624-8563 (HEARING IMPAIRED)

FAX: (207)624-8637

www.maineprofessionalreg.org

OFFICES LOCATED AT:
122 NORTHERN AVENUE
GARDINER, MAINE

kimberly.j.baker-stetson@maine.gov



STATE OF MAINE
BOARD OF LICENSURE FOR
PROFESSIONAL LAND SURVEYORS
35 STATE HOUSE STATION
AUGUSTA, ME 04333-0035
(207) 624-8603
FAX (207) 624-8637

DATE RECEIVED

4280-1446-\$50.00
ALL FEES ARE NON-REFUNDABLE

PROFESSIONAL LAND SURVEYOR LICENSE APPLICATION

NOTICE: This application is a public record for purposes of the Maine Freedom of Access Law, 1 MRSA §401, et.seq. Public records must be made available to any person upon request. Your application for licensure is a public record and information that you supply as part of the application (other than your social security number) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Your name, license number and the mailing address listed on your application will be available to the public and may be posted on our website.

I, _____, hereby apply for licensure to practice in the State of Maine under Title 32, Chapter 121, Professional Land Surveyors under the classification in the schedule of minimum requirements as check below:

- ☐ 1. Section 13905(2)(A) - Licensed LSIT; 2 additional years of progressive combined office and field experience satisfactory to the board; written exam.
- ☐ 2. Section 13905(2)(B) - Licensure by endorsement--licensed PLS with comparable qualifications from another jurisdiction under conditions satisfactory to the board to include successful completion of a written exam. **NOTE:** You must have the State Licensing Board from which you received your current license send certification of your licensure to this Board. Applicant may also be required to provide a copy of the licensure act governing the state under which you received the license.

NAME OF APPLICANT: _____

SOCIAL SECURITY NO. _____ / _____ / _____ DATE OF BIRTH: _____ / _____ / _____

The following statement is made pursuant to the Privacy Act of 1974, §7(B). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1976 (42 U.S.C. §405(C)(2)(C)(I)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. §191.

MAILING ADDRESS: _____
BUSINESS NAME

STREET AND NUMBER CITY OR TOWN STATE ZIP CODE

HOME TELEPHONE: () _____ / _____ BUS. TELEPHONE: () _____ / _____

Have you ever been convicted of a crime by any court for any offense other than a minor traffic violation?

☐ Yes ☐ No

If yes, please describe in detail on a separate sheet, the date(s) and crime(s) and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

OVER ☒

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11.

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[illegible]

III. EMPLOYMENT EXPERIENCE SUMMARY-- PLEASE LIST MOST RECENT WORK FIRST.

WORK UNDER LICENSED SURVEYOR	TITLE OR POSITION	NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT		TIME IN LAND SURVEYING	
KEY 1			FROM MO/YR	TO MO/YR	YEARS	MONTHS
KEY 2			FROM MO/YR	TO MO/YR	YEARS	MONTHS
KEY 3			FROM MO/YR	TO MO/YR	YEARS	MONTHS
KEY 4			FROM MO/YR	TO MO/YR	YEARS	MONTHS

III. EXPERIENCE SUMMARY continued....

COMPLETE A VERIFICATION OF EXPERIENCE FORM FOR EACH "KEY" LISTED ABOVE. GIVE COMPLETE AND DETAILED INFORMATION PERTAINING TO TRAINING AND EXPERIENCE INCLUDING DATES AND LENGTHS OF TIME INVOLVED. PLEASE INCLUDE DETAILS OF TYPE AND SCOPE OF LAND SURVEYING. YOU MAY USE PLAIN 8 1/2 x 11 INCH SHEETS AS SUPPLEMENTAL PAGES TO THE FORM IF NECESSARY. EACH PAGE SHOULD BE IDENTIFIED BY "KEY" NUMBER AND SIGNED BY THE APPLICANT **AND** THE ENDORSER.

APPLICANT'S SWORN STATEMENT AND SIGNATURE

I HEREBY CERTIFY THAT THIS APPLICATION AND ANY MATERIAL SUBMITTED WITH IT, CONTAINS NO WILLFUL MISREPRESENTATION OR FALSIFICATION AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I UNDERSTAND THAT MY ANSWERS MAY BE VERIFIED AND THAT I MAY BE DECLARED INELIGIBLE FOR LICENSURE IF, UPON INVESTIGATION, THE INFORMATION CONTAINED HEREIN, IS FOUND TO BE MISREPRESENTED OR FALSE. TITLE 32, CHAPTER 121, §13909. AUTHORIZED THE BOARD TO REFUSE TO ISSUE OR RENEW A LICENSE TO ANYONE FOUND GUILTY OF THE PRACTICE OF FRAUD OR DECEIT IN OBTAINING A LICENSE.

SIGNATURE OF APPLICANT

DATE

NOTARY PUBLIC

The above named _____ personally appeared before
PRINT APPLICANT'S NAME
me and being duly sworn according to law deposes and says that the information above set forth is true to the best of his/her knowledge and belief and that this application is made for the purpose of inducing issuance of the license requested.

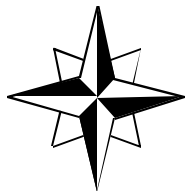
Subscribed and sworn to before me this _____ day of _____ 20 _____.

Signature of Notary Public

Term of Commission _____

Notary's Printed Name _____

NOTARY SEAL OR STAMP



STATE OF MAINE
BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS
35 STATE HOUSE STATION
AUGUSTA, ME 04333-0035
(207) 624-8522

KEY NUMBER

VERIFICATION OF EXPERIENCE FORM

SECTION I: TO BE COMPLETED BY APPLICANT.

INSTRUCTIONS TO APPLICANT: Complete Sections I and III, make a copy for your records, and forward this original from to your endorser. Be sure the endorser Key Number in the box at the top right corner of this form corresponds with the appropriate endorser Key Number and information on your application. **NOTE:** Sections I and III of this form must be typewritten or printed in ink.

NAME: _____
Last First Middle

ADDRESS: _____
Street City State Zip Code

TELEPHONE: () _____ - _____
Home Business

EXPERIENCE DESCRIBED ON THE REVERSE SIDE OF THIS FORM WAS OBTAINED WHILE EMPLOYED BY:

FIRM OR ORGANIZATION NAME: _____

ADDRESS: _____

BEGINNING: _____ / _____ ENDING: _____ / _____ ☐ FULL-TIME PART-TIME _____
Month Year Month Year Hours/Week

I hereby certify that the work experience described on the reverse side of this form and the time claimed for that experience are true and accurate.

Applicant's Signature

Date

SECTION II: TO BE COMPLETED BY ENDORSER, PREFERABLY NOT IN THE PRESENCE OF APPLICANT. PLEASE TYPE OR PRINT.

INSTRUCTIONS TO ENDORSER:

- ☒ Read carefully the applicant's Report of Professional Experience on the back of this form and any continuation sheets;
- ☒ Provide the requested information below and complete items 1-6;
- ☒ If you disagree with any information presented by the applicant on this form, or wish to provide any other information for consideration by the Board relative to the applicant, please submit a separate letter with this form. If you do so, please identify applicant by full name and Key Number in your letter and indicate that the candidate is an applicant for land surveying;
- ☒ Sign the Endorser's Affidavit in Section IV on the back of this form and at the bottom of each continuation sheet, if any, or if you do not sign the Affidavit please explain in a separate letter attached to this form;
- ☒ **DO NOT RETURN ORIGINAL TO APPLICANT. MAIL COMPLETED FORM DIRECTLY TO THE ABOVE ADDRESS.**

ENDORSER NAME: _____ PHONE NO: () _____ - _____

CURRENT ADDRESS: _____
Street City State Zip Code

Are you a licensed Land Surveyor? ☐ Yes ☐ No If yes, State in which licensed: _____ License #: _____

WITH RESPECT TO APPLICANT'S REPORT OF PROFESSIONAL EXPERIENCE AS DESCRIED ON BACK OF THIS FORM:

- | | | | |
|----|--|------------------------------|-----------------------------|
| 1. | Does that description accurately reflect the work personally performed by the applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | Does the time claimed by the applicant for this experience reasonably reflect actual time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | Was the applicant's work performed in an adequate, reliable, and professional manner? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | Are you attaching a separate letter with additional information about the applicant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | Identify your work relationship to the applicant at the time. If none, please explain. | | |

6. Comments:
-
-

SECTION III: TO BE COMPLETED BY THE APPLICANT

- A. Describe your general surveying duties during you employment with the firm named on the front of this form.

- B. Describe in separate paragraphs the specific kinds of surveying work you personally performed while employed by the firm named on the front of this form. Use specific project assignments as examples. Then indicate separately the time you spent on each such kind of work. If you need more than one endorser from a single firm, use a separate form for each endorser. If you do not have enough space on this form, use one or more continuation sheets. **BOTH YOU AND YOUR ENDORSER MUST SIGN EVERY SHEET.**

- C. Describe briefly your personal level of responsibility or authority for the work described above. Explain here any changes in your title resulting from promotions or other job changes during this period of employment.

SECTION IV: ENDORSER'S AFFIDAVIT
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- ☐ I have read the applicant's Verification of Experience Form. I hereby certify that I am knowledgeable about and qualified to attest to, the applicant's work and land surveying ability and that, except as otherwise noted on the front side of this for, or in attached correspondence, the work experience described by the applicant and the time claimed therefore are generally true and accurate.
- ☐ I cannot so certify. Letter of explanation attached.

Endorser's Signature	Date
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STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BOARD OF LICENSURE FOR PROFESSIONAL LAND
SURVEYORS
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

FEE: \$15

(You may pay with **one** check that includes both the license fee **and** the criminal records check fee.)

CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

Complete the box below and return this form with your license application and fee payable to Treasurer, State of Maine.

PRINT IN INK ONLY

Name: _____
Last First Middle

Complete Mailing Address: Street/P O Box _____

City/State/Zip _____

Social Security/Federal I.D. #: _____

Date of Birth: _____

All other names used: _____



PRINTED ON RECYCLED PAPER

(207) 624-8563 (HEARING IMPAIRED)

PHONE: (207)624-8522 OFFICE PHONE

FAX: (207)624-8637

OFFICES LOCATED AT: 122 NORTHERN AVENUE, GARDINER, MAINE



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING & REGISTRATION
MAINE BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

TEL: (207) 624-8522 FAX: (207) 624-8637

JOHN ELIAS BALDACCI.
GOVERNOR

ANNE L. HEAD
DIRECTOR



AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application.
Payment through credit cards will not be processed without this authorization form.

Name of applicant: (fees being paid for)		
Mailing Address of applicant: (fees being paid for)		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

[] Visa [] MasterCard _____
Card number

Expiration date: ____/____/____ in the amount of: \$ _____
Signature: _____ Date: ____/____/____

BOARD OF LICENSURE FOR PROFESSIONAL LAND SURVEYORS

ACCOMMODATION REQUEST FORM

NAME OF APPLICANT: _____

ADDRESS: _____

TELEPHONE : () _____ SS#: _____

This applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, _____, (Type of Disability) he/she should be accommodated by providing the following:

- | | |
|--|--|
| <input type="checkbox"/> TAPED TEST | <input type="checkbox"/> LARGE PRINT TEST |
| <input type="checkbox"/> READER | <input type="checkbox"/> SCRIBE/AMANUENSIS |
| <input type="checkbox"/> EXTENDED TIME | <input type="checkbox"/> SEPARATE TESTING AREA |
| <input type="checkbox"/> TIME AND A HALF | |
| <input type="checkbox"/> DOUBLE TIME | |
| <input type="checkbox"/> MORE THAN DOUBLE TIME | |
| <input type="checkbox"/> USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (PLEASE SPECIFY): | <input type="checkbox"/> OTHER (PLEASE SPECIFY): |

SIGNED: _____ LICENSE#: _____
(IF APPLICABLE)

(PRINTED OR TYPED NAME)

TITLE: _____ DATE: _____

THE ABOVE REQUESTED INFORMATION AND ANY DOCUMENTATION REGARDING YOUR DISABILITY AND YOUR NEED FOR ACCOMMODATION IN TESTING WILL BE CONSIDERED STRICTLY CONFIDENTIAL AND WILL NOT BE SHARED WITH ANY OUTSIDE SOURCE WITHOUT EXPRESS PERMISSION.